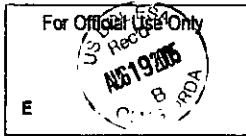


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 22083	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ROBERT R. MODICA P.O. Box, Bldg., Room No., if any Street 3904 W. 1ST ST. City SANTA ANA State CALIFORNIA ZIP Code + 4 92703-4098	4. Name, file number, and address of labor organization. Name PLUMBERS & STEAMFITTERS U.A. LOCAL 582 Labor Organization File Number 019514 P.O. Box, Building and Room Number, if any Street 3904 W. 1ST ST City SANTA ANA State CALIFORNIA ZIP Code + 4 92703-4098
5. Position in labor organization. BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name H.P.L. MECHANICAL INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1041 LOGAN ST City SANTA ANA State CALIFORNIA ZIP Code + 4 92701	7.a. Nature of Interest, Transaction, or Income. GIFT CERT. (XMAS) HONEY-BAKED-HAM 7.b. Amount. 40.00

Signature

Robert R. Modica

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert R. Modica

On

8-12-05
Date

714-775-5563
Telephone Number

Name of Person Filing ROBERT R. MONICA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name APPRENTICE + JOURNEYMAN TRAINING TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 18931 LAUREL PARK ROAD</p> <p>City COMPTON</p> <p>State CALIFORNIA ZIP Code + 4 90220</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>APPRENTICE INSTRUCTOR</p>
	<p>11.b. Approximate dollar value of such dealing. \$899.00</p>
	<p>12.a. Nature of interest held or income received.</p> <p>SALARY</p>
	<p>12.b. Amount. \$899.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name JERRY MIL PAUL, ESQUIRE</p> <p>Trade Name, if any: ATT. AT LAW</p> <p>P.O. Box, Bldg., Room No., if any SUITE 100</p> <p>Street 5716 CORSA AVE</p> <p>City WESTLAKE VILLAGE</p> <p>State CALIFORNIA ZIP Code + 4 91362</p>	<p>14.a. Nature of payment.</p> <p>GIFT CERT - 50.00 HARM</p> <p>GIFT CERT - 100.00 MACYS DEPT. STORE (X-MASS)</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>150.00</p>

Name of Person Filing **ROBERT R. MODICA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **NATIONAL INSPECTION TESTING CERTIFICATION**Trade Name, if any: **NITC**P.O. Box, Bldg., Room No., if any **SUITE 301**Street **501 SHATTO PLACE**City **LOS ANGELES**State **CALIFORNIA** ZIP Code + 4 **90020**

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**CHECKS TESTING FOR PLUMBERS - FITTERS,
A/C. / WOODS.**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**APRIL - NITC GUP SHIRTS
TWO - \$55.00**

12.b. Amount.

110.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant? **?**

14.b. Amount of payment.

Name of Person Filing **ROBERT R MODICA**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **PIPING INDUSTRY / PROGRESS & EDUCATION**Trade Name, if any: **P.I.P.E.**P.O. Box, Bldg., Room No., if any **SUITE 2100**Street **501 SHATTO PLACE**City **LOS ANGELES**State **CALIFORNIA** ZIP Code + 4 **90020-1786**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **PIPING INDUSTRY / PROGRESS & EDUCATION**Trade Name, if any: **P.I.P.E.**

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABOR TRUSTEE ON JOINT LABOR & MANAGEMENT BOARD.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LUNCH COST REIMBURSEMENT FOR BOARD MEETINGS

12.b. Amount.

\$69.68

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.